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| | | | Applic | cation Number | 09/679,139 | | | | | | |
| TRANSMITTAL | | | Filing | Date | October 3, 2000 | | | | | | |
| FC | ORM | I | First I | Named Inventor | MATTHEWS, Susan H. | | | | | | |
| (to be used for all corre | spondence after ini | itial filing) | Group | Art Unit | 3673 | | | | | | |
| | | , ! | Exami | iner Name | CONLEY, Frederick C. | | | | | | |
| Total Number of Pages in | n This Submission | | Attorn | ey Docket Number | 017242-007300US | | | | | | |
| ENCLOSURES (check all that apply) | | | | | | | | | | | |
| Fee Transmittal For | m | | ment Pap Application | | After Allowance Communication to Group | | | | | | |
| Fee Attached | | ☐ Drawing(s) | | | Appeal Communication to Board of Appeals and Interferences | | | | | | |
| Amendment / Reply | , | Licensing-related Papers | | | Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) | | | | | | |
| After Final | | Petition | a | ı | Proprietary Information | | | | | | |
| Affidavits/declaration(s) | | Petition to Convert to a Provisional Application | | | Status Letter | | | | | | |
| Extension of Time Request | | Power of Attorney, Revocation Change of Correspondence Address | | | Other Enclosure(s) (please identify below): | | | | | | |
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| Certified Copy of Priority Document(s) | | | | | | | | | | | |
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| Response to Mi under 37 CFR 1 | | GROUP 360 | | | | | | | | | |
| | SIGNAT | rure of / | APPLIC | ANT, ATTORNEY, O | On to or | | | | | | |
| | Townsend and Tow | | | | | | | | | | |
| and Individual name | Nena Bains Reg. No. 47,400 | | | | | | | | | | |
| Signature | In | | <u> </u> | | | | | | | | |
| Date ! | November 19, 2002 | | | | | | | | | | |
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09/679,139

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Application Number

FEE TRANSMITTAL for FY 2003

TOF FY 2UU3

Patent fees are subject to annual revision.

Filing Date

October 3, 2000

First Named Inventor

MATTHEWS, Susan H.

Applicant claims small entity status. See 37 CFR 1.27 Examiner Name CONLEY, Frederick C.

Group Art Unit 3673

Attorney Docket No. 017242-007300US

TOTAL AMOUNT OF PAYMENT

(\$) 160

| METHOD OF PAYMENT (check all that apply) | | | FEE CALCULATION (continued) | | | | | | | |
|--|--|--|-----------------------------|--------------|--|------------------|------------------------------------|--|---------------|--|
| Check Credit Card MoneyOrder Other None | | | | | 3. ADDITIONAL FEES | | | | | |
| Deposit Account: | | | Large ' | Entity | Small | Entity | | | | |
| Deposit | | | | | Fee | Fee | Fee | Fee Description | Fee Paid | |
| Account | 20-1430 | | | Code 1051 | (\$) 130 | Code 2051 | (\$) 65 | Surcharge - late filing fee or oath | Palo | |
| Number | | | | 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee | | |
| D | r | | _ | 1.552 | | | | or cover sheet. | | |
| Deposit Account Name Townsend and Townsend and Crew LLP | | | | 1053 | 130 | 1053 | 130 | Non-English specification | | |
| | | | | 1812 | 2,520 | 1812 | 2,520 | For filing a request for reexamination | | |
| The Commissioner is authorized to: (check all that apply) | | | | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to | | |
| Charge fee(s) indicated below Credit any overpayments | | | | 1805 | 1.840* | 1805 | 1,840* | Examiner action | | |
| Charge any additional fee(s) during the pendency of this application | | | | 1805 | 1,840" | 1805 | 1,640 | Requesting publication of SIR after Examiner action | | |
| Charge fee(s) indicated below, except for the filing fee | | | | 1251 | 110 | 2251 | 55 | Extension for reply within first month | | |
| o the above-identified deposit account. | | | | 1252 | 400 | 2252 | 200 | Extension for reply within second | | |
| FEE CALCULATION | | | | | | | | month | | |
| BASIC F | LING FEE | | | 1253 | 920 | 2253 | 460 | Extension for reply within third month | | |
| | Small Entity | | | 1254 | 1,440 | 2254 | 720 | Extension for reply within fourth month | | |
| ee Fee | | ee Description | | 1255 | 1,960 | 2255 | 980 | Extension for reply within fifth month | | |
| Code (\$) | Code (\$) | Fee Pa | lid | 1401 | 320 | 2401 | 160 | Notice of Appeal | | |
| | | tility filing fee | | 1402 | 320 | 2402 | 160 | Filing a brief in support of an appeal | 160 | |
| | | esign filing fee | | 1403 | 280 | 2403 | 140 | Request for oral hearing | | |
| | 1 | ant filing fee eissue filing fee | | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding | | |
| 005 160 | 2005 80 Pi | rovisional filing fee | | 1452 | 110 | 2452 | 55 | Petition to revive – unavoidable | | |
| | | | 1453 | 1,280 | 2453 | 640 | Petition to revive - unintentional | | | |
| SUBTOTAL (1) (\$) | | | 1501 | 1,280 | 2501 | 640 | Utility issue fee (or reissue) | | | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | | | | 1502 | 460 | 2502 | 230 | Design issue fee | | |
| EXTITATO: | | | | 1503 | 620 | 2503 | 310 | Plant issue fee | | |
| | Evtra (| Fees from Claims below Fee F | Paid | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner | | |
| Total Claims | -" = \(\begin{array}{c} \cdot \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ | N F | | 1807 | 50 | 1807 | 50 | Petitions related to provisional applications | | |
| ndependent Claims | <u> </u> | = - | | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt | | |
| /lultiple | | | | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of | | |
| Dependent | _ | ~ | | l | | | | properties) | | |
| arge Entity | Small Entity Fee Fee | _ | | 1809 | 740 | 2809 | 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) | | |
| Code (\$) | Code (\$) | Fee Description | | 1810 | 740 | 2810 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) | | |
| 202 18 201 84 | 2202 9 2201 42 | Claims in excess of 20 Independent claims in excess | s of 3 | 1801 | 740 | 2801 | 370 | Request for Continued Examination | | |
| 201 84 203 280 | 2201 42 | Multiple dependent claim, if r | | I | - | 1 | • | (RCE) | | |
| 204 84 | 2203 140 | ** Reissue independent clain over original patent | - | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application | | |
| 205 18 | 2205 9 | ** Reissue claims in excess of 20 | | | Other fee (specify) | | | | | |
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| SUBTOTAL (2) (\$) | | | | | *Reduced by Basic Filing Fee Paid SUBTOTAL (3) | | | | | |
| **or number previously paid, if greater; For Reissues, see above | | | | | | | | | | |
| | | | | | | | | | | |

SUBMITTED BY

Complete (if applicable)

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Nena Bains

Registration No. (Attorney/Agent)

47,400

Telephone

650-326-2400

Date

November 19, 2002

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